



# **School Pantry Program Handbook**

**A Program of the Great Falls  
Community Food Bank**

## **PROGRAM OVERVIEW**

### **What is the School Pantry Program?**

A purpose of the School Pantry Program is to help alleviate child hunger through the provision of food to children and their families at school. School pantries are located on the grounds of the school and intended to provide a more readily accessible source of food assistance to low-income students and their families. Sites are consistently in the same location as the school's campus, have set distribution schedules and offer ongoing food assistance services.

The School Pantry Program objectives are:

- Provide nutritious, healthy food to children at-risk of hunger for preparation and consumption at their place of residence.
- Distribute food discreetly in easily accessible and safe environments.

### **What are the advantages of the School Pantry Program?**

In many communities, the school is the hub of activity and resource center for families. Because of the close relationship between students and faculty, school personnel frequently become aware of challenges within the family while dealing with student issues. A school pantry becomes a safe, supportive way to help students and their families through a crisis, which in turn helps the child become more successful in school.

### **What types of items are available at the school pantry?**

Because the primary focus is to feed the children, most items are shelf stable, nutritious and easy to prepare so that children can take care of themselves when the parents are unable. Many pantries expand this to provide fresh food and more items that can address the needs of the entire family. It is up to the site to determine the needs of their students as well as the resources available.

Some staples that should be available include:

- Peanut butter and jelly
- Crackers
- Canned tuna or chicken
- Cereal
- Shelf stable milk and juice
- Canned soups and pasta meals, individual serving size
- Apple sauce, canned fruit
- Granola bars, fruit bars, etc.
- String cheese

When selecting items to carry in the pantry, consider something from each of the following groups:

- ☞ Fruits and vegetables
- ☞ Dairy
- ☞ Grain
- ☞ Protein

**Where does the food come from?**

The food can be obtained from the Food Bank, the Montana Food Bank Network (contact these agencies for membership information), or through a cooperative agreement with a community pantry. Many grocery retailers are willing to assist with donations or reduced pricing. We encourage school pantries to work closely with a parent or student group to assist with fundraising and food drives to support the school pantry.

**Is there a charge to children and families who receive assistance?**

This program should be provided at no charge to the children participating in the School Pantry Program.

**Is the School Pantry Program a model used in other states?**

The Feeding America network supports members operating more than 450 school pantries nationwide. The program began in 2003 with the San Francisco Food Bank's Healthy Children Pantry Program.

The Great Falls Community Food Bank established its first school pantry in January 2011 and now coordinates with the Great Falls Public Schools to support four school-based pantries, with more being developed.

**Date:** \_\_\_\_\_ **Activity:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

## **SITE SELECTION**

Developing and maintain a working relationship with each distribution site is a critical step in operating an efficient and effective program. In general, effective program partnerships begin with a clear understanding of the program objectives and expectations of all parties. It is very important to clearly define the following components:

- The role and responsibilities of the Food Bank and the pantry site
- Program standards and compliance
- Distribution systems and procedures
- Reporting procedures

### **Standards and Guidelines**

A school pantry program must meet the following standards:

1. Approved agency in good standing or program or project of a local, regional or statewide food bank that comply with all applicable Federal and local statutes, ordinances and regulations.
2. At least one individual directly involved with the pantry must receive annual ServSafe Certification training.
3. Healthy, nutritious food must be distributed free of charge at least once per month during the academic year.
4. Food must be distributed for emergency assistance and may not be used for special events, fundraisers or distribution to the general student population.
5. Staff and volunteers with direct repetitive contact with children must pass a national background search.

### **Food Storage**

Each pantry site will need an approved location in the building where food can be safely stored and secured. Key issues to consider:

1. All food must be stored at least six inches off the ground on a pallet, shelf, desk, etc.
2. The storage area should be dry, clean and free of pests.
3. The storage area should be locked when not in use.
4. Inventory should be rotated. Always check the label on the box to make sure you are using the oldest dates first.
5. Perishable foods must be in a refrigerator or freezer. Thermometers should be used and daily reading logs maintained.

## Distribution Method

Sites should develop a plan for how food will be distributed. Key questions to consider:

1. How will food be distributed (pre-packed bags, client choice)?
2. Will you offer reusable grocery bags, boxes, etc. for families to take the food home?
3. Is there adequate space for clients to move through the pantry?
4. Will you require parents to be present with children during distribution?
5. What is the best time to distribute food to children and their families?
6. Have staff members or volunteers that will have direct, repetitive contact with children passed a national background check?

## PLANNING YOUR PROGRAM

The Food 4 Kids School Pantry Program is designed to be a flexible program that is easy for districts and school sites to administer. The Food Bank requires that the site refer children who are at risk of hunger and that they distribute food in a completely confidential manner. As long as these requirements are met, each site has broad discretion when identifying children and distributing food.

1. The school will identify the location where non-perishable food will be stored and/or distributed. *Is it secure from theft? Tampering? Contamination from chemicals, water, etc.? Can food be stored properly – clean, dry, cool, off ground at least 6 inches? Is shelving needed? Cart to move food? Scale?*
2. Devise a plan and schedule for distribution. *Consider requiring students to bring a referral from counseling or administration staff to get food. What days and times is the pantry open? How will you protect the identities from other students?*
3. Develop a plan to notify students and the school community about emergency food assistance now available on campus. *Flyers? Posters? Articles in newsletter? Staff meetings to train on referral and eligibility?*
4. A Site Coordinator is responsible for identifying participants, taking referrals on children from other staff, communicating the program to school personnel, and ensuring the confidential distribution of packs at each site. *Who will serve as Site Coordinator? Where will referral forms and monthly statistics be kept? How will you ensure monthly paperwork is being submitted to the Great Falls Community Food Bank?*
5. Consider enlisting student and parent groups to work on the project. *Organize food drives to refill shelves in pantry. Students can sort and shelve foods, check for expiration dates and ensure food safety.*
6. Assign record keeping to one individual to ensure consistency. *Monthly data is necessary for sustainability. Simple intake form from each student, number of instances of assistance to student, pounds distributed, etc.*

- Sickness – sore throat, common cold, stomach ache, ear infection, fatigue
- Short attention span, inability to concentrate

*Home Environment:*

Sometimes children will be very open about what is going on at home. For example a child may say that her dad has lost a job and that the mother doesn't work. By listening to your students and by being in contact with parents the needs of the family can be assessed, which in turn can help determine whether or not the child needs to be receiving a backpack weekly. A single parent family where the parent works on the weekend is probably a situation in which the School Pantry Program can help a child who may be responsible for fixing their own meal. If the parent is able to fix meals for the child, but may be limited on the amount of food available, it may be more beneficial to refer the family to a food pantry. The School Pantry Program is designed for children who are not able to get sufficient food at home due to neglect or other circumstances that prevent them from having regular access to food.

- Lack of food resources
- Parent unable to prepare meals

Any child with multiple risk factors as listed above should be considered for the School Pantry Program.

**Parental Notification**

Determine how you will handle the issue of parental permission. Often, the school principal or site coordinator will feel it is necessary that parents or guardians are contacted in advance about participation in the School Pantry Program. This is especially important if you choose to require parents to be present during distribution. If you are distributing food to older children, you may opt to send a letter home with the child during the first distribution. A sample letter is provided in this handbook.

**Notification of Principal and Classroom Teacher**

Each classroom teacher (if applicable) should be notified of which students are participating in the program. The principal should be copied on all notifications.

**PROGRAM EVALUATION**

It is very important to develop a feedback system that can provide you with information on whether your program is working as planned or desired. Program monitoring and evaluation is the first step toward increasing program effectiveness.

Evaluation allows you to:

- Set realistic goals by providing information for making and fine-tuning strategic program decisions.

- Identify training and technical assistance needs.
- Be accountable and credible to your constituents, your community, your partners, your funders and yourself.
- Motivate by providing documentation of your achievements.
- Guide budget and resource allocation.
- Generate support for your programs and make the case for added resources.
- Summarize and highlight your achievements.

## **Monthly Reports**

The Food Bank wants to ensure that this program is working well for the school staff and the children we serve. Each Site Coordinator will need to fax/email reports by the 10<sup>th</sup> of each month for the prior month to the Great Falls Community Food Bank. Fax # 406-452-9225/email: [kjohnson@greatfallsfoodbank.org](mailto:kjohnson@greatfallsfoodbank.org)

Monthly reports allow us to track the number of individuals and households the program serves. Any and all comments are welcome and we appreciate your feedback. Stories of how this program has helped children and their families are invaluable when we report back to our funders and pursue additional funding.

## **Surveys**

In addition to collecting numerical data each month on the number of packs distributed and number of children served, the Food Bank will also work with the Site Coordinator to conduct surveys at the end of each year. Surveys will be conducted of teachers, administrators and other school personnel as well as the children and parents participating in the program.

Some of the questions used in the evaluation include:

### *Kids*

1. Do you like the food you get?
2. What is your favorite thing you have gotten? What is your least favorite?
3. How long does the food last? (all weekend, all week, etc.)
4. Do you eat all of your food or do you share with someone? If so, who?
5. Do you look forward to getting the pack each week?

### *Parents*

1. Does your child like the items that are sent home?
2. How long does the food last (all weekend, all week, etc.)
3. Does your child eat all of the food or do they share it?
4. Are there other items that you would like to see in the pack?
5. Are there items in the pack that have not been eaten? If so, what?
6. How does the School Pantry Program affect your family?

## ROLE OF SITE COORDINATOR

Once a Site Coordinator has been selected by each school, the Site Coordinator will be required to attend orientation training with the Great Falls Community Food Bank. This orientation will review the referral, weekly distribution process, monthly reporting and site planning. The duties of the coordinator are outlined in the Program Agreement.

### Identifying Children

Please determine to the best of your ability which children are most in need of the program. The following are some guidelines for identifying chronically hungry children:

#### *Food Insecure:*

If a child does not get enough food outside of school he/she is considered "food insecure." The U.S. Department of Agriculture defines food insecurity as *households that are uncertain of having, or unable to acquire, enough food to meet basic needs of all their members because of insufficient money or other resources.* When the guardian of a child has to choose between food and other necessities, e.g., having electricity shut off because they don't have enough money, it is an indicator of food insecurity.

A child will not necessarily tell you that he doesn't have enough food at home, but through observation you can begin to see patterns and/or behavior that will set them apart. How do you identify a hungry child? Here are some examples:

A chronically hungry child will be anxious for a meal to be served. Perhaps they rush the cafeteria line or they are showing up early for breakfast. During the meal they will eat all of the food, not being picky in what they have placed before them. One indicator of hunger is that a child cleans his plate and will not carelessly throw portions of it away. They will also linger around for second helpings or even ask for more.

- Rushing food lines
- Extreme hunger on Monday morning
- Eating all of the food served
- Linger around for seconds

#### *How to respond to a child who says he is hungry:*

A child who complains about being hungry is not necessarily a child who automatically qualifies for the school pantry program. Generally speaking, growing children have an appetite and will say they are hungry at periods throughout the day. However, in the case of a chronically hungry child, certain questions can be asked to assess need. In the morning a child may say they are hungry. Ask them if they ate breakfast. If they are eligible for free or reduced price breakfast then make sure they are taking advantage of this program. If they say they skipped breakfast find out why. Ask if they had enough food in their house or if it was just the case that they woke up late and didn't have time for breakfast. If they did eat breakfast, ask what they

ate and if it was enough to make them full. You may also ask if they ate dinner the previous night. Once again ask what they had for dinner and if it was enough to fill them up.

By asking a few questions you should be able to assess whether or not this is just a case of normal hunger (where your stomach growls in anticipation for food – not because of a series of involuntary missed meals) or whether this seems to be a frequent incident that results because of food insecurity (the inability to afford enough food). Obviously a child who says there is never enough food in the house or that all they had for dinner were some potato chips is the child who is considered chronically hungry. Even if a child worries that there will not be enough food at home, this is a cause for concern. Food insecurity is the main reason for the School Pantry Program. Any child who exhibits this behavior should be considered a candidate for assistance.

- Assess hunger through further questioning
- Determine reason for not eating
- Ask what they ate

Apart from recognizing food insecurity, physical appearance, school performance and home situation are secondary indicators that help confirm chronic hunger.

#### *Physical Appearance:*

Certain physical features are indicators of vitamin and/or food deficiencies. If the skin of a child appears to be puffy and swollen it can be due to a protein deficiency. A child who is very thin and whose bones are starting to protrude may have a lack of protein and calories. Another thing to watch for is redness around the lips and/or cracked lips. Finally, dry and itchy eyes can be a sign of a vitamin A deficiency. Please keep in mind that the weight of a child isn't always a sure indication of food insecurity. Some obesity is caused from poor nutrition in the diet of the child. Any of these physical signs should bring a concern and prompt further questions.

- Extreme thinness or puffy, swollen skin
- Chronically dry, cracked lips
- Chronically dry, itchy eyes

#### *School Performance/Behavior:*

Sometimes the behavior of a child indicates problems at home, with food insufficiency being one of the problems. By observing some of the following it may help in identifying chronic hunger:

- Excessive absences – due to sickness or unexcused
- Hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive – any display of these mentioned which leads to disciplinary action
- Repetition of a grade
- Difficulty in forming friendships, getting along with others

### *Teachers/Counselors/staff*

1. How many students have you referred to the School Pantry Program?
2. What signs did you look for? What caused you to refer a particular student? (please list as many as you can).
3. Do you assist with distribution? Is it easy? Do you have any suggestions for improvements?
4. Do you feel that there are any problems with confidentiality?
5. Have you noticed any change in the students that you have referred to the program? Please explain.

### *Site Coordinators*

1. Please evaluate the items that are available at the pantry. Please comment on variety, type, size and any additional suggestions for items you may have.
2. Please comment on the distribution structure.
3. Please comment on your distribution model (confidentiality, logistics, storage, etc.)
4. How do you ensure confidentiality for participants?
5. How much time do you spend on this program per week?
6. What, if anything, would make it easier for you?
7. What suggestions do you have for program improvement?
8. Please comment on any program adjustments that you have had to make.
9. Please rate the School Pantry Program overall (scale of 1-10) and provide any additional comments.

In addition to collecting this information, it is recommended that teachers track any changes in the participating child's behavior, grades, attendance, etc. for the impact of the School Pantry Program. This additional information can be provided to the Food Bank's School Program Coordinator as information becomes available.

## **INTEGRATING OUTREACH**

The School Pantry Program plays a crucial role in providing children and their families with access to food for preparation at home when other resources such as free and reduced price school meals are not available. Additionally, many pantries have also found the program to be a great opportunity to help educate and connect families to other vital programs that support food and economic security.

### **Nutrition and Health Education Resources**

The issue of childhood obesity has become a pressing issue for this country. One in three children between the ages of 2 and 19 is overweight or obese. The School Pantry Program can provide a vehicle for engaging low income families in the national dialogue about healthy eating and nutrition. Nutrition education materials targeted toward children and parents, recipes, and

information about the foods distributed can be offered at your school pantry. Some resources include:

- USDA MyPlate materials
- USDA Team Nutrition Eat Smart. Play Hard.™ materials
- American Dietetic Association: Eat Right
- American Heart Association Nutrition Activity Pages
- Be Well. Measures from Moms on Living Healthier Lives

### **Food Assistance Resources**

The School Pantry Program provides a tremendous opportunity to connect food insecure households with other food assistance resources. Many food insecure households, especially those that are in need of assistance for the first time, are not aware of the different private and public food assistance programs that are available to them.

- Emergency food assistance. Use the school pantry as an opportunity to provide families with information about emergency food distributions by providing lists of agencies or helpline phone numbers (e.g. Montana 211).
- Supplemental Nutrition Assistance Program (SNAP). SNAP provides low-income individuals and families with federal benefits to buy food. Application and additional information is available at the nearest Office of Public Assistance or online at [www.dphhs.mt.gov](http://www.dphhs.mt.gov).
- Summer Food Service Program (SFSP). SFSP is a federal program designed to provide meals to low-income children during the summer months. The school pantry is a great way to inform children and their families of this resource available over the summer months. Pantries can distribute flyers or postcards with lists of site locations or a phone number to call before the school year ends.



## SCHOOL PANTRY PROGRAM AGREEMENT



The Great Falls Community Food Bank (Food Bank) and \_\_\_\_\_  
\_\_\_\_\_(Site/School) have reached the following agreement in regards to participating in the Food 4 Kids School Pantry Program.

The Food Bank agrees to assign a Program Coordinator who will be responsible for the following:

1. Serve as the main contact person for the School Pantry Program for the Food Bank.
2. Determine participating sites.
3. Ensure that all sites are in compliance with the School Pantry Program guidelines.
4. Provide safe, secure, pest-free storage for food items in compliance with safe food handling standards.
5. Communicate feedback on the School Pantry Program.
6. Work with media to promote the School Pantry Program.

The Site agrees to assign a Site Coordinator who will be responsible for the following:

1. Coordinate with school staff to identify chronically hungry children to participate in the School Pantry Program.
2. Distribute communications about the program to parents of participants.
3. Implement a process to ensure confidentiality for each of the program participants.
4. Coordinate the emergency food distribution hours and location.
5. Submit Monthly Activity Reports to the Food Bank by the 10<sup>th</sup> of each month.
6. Communicate feedback on the School Pantry Program.

***The site/school understands that the food will be provided at no cost to the family and that it cannot be sold, used for other school programs, used at fundraisers, given to staff, or used for any other purpose other than to provide food to chronically hungry children.***

This agreement is valid from the date signed until the end of the 20\_\_\_/20\_\_\_ academic year. Both parties enter into this agreement voluntarily. Either party may terminate the agreement by notifying the other party in writing.

\_\_\_\_\_  
Site/School Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Great Falls Community Food Bank

\_\_\_\_\_  
Date





## Great Falls Community Food Bank

1620 12<sup>th</sup> Ave N  
Great Falls MT 59401  
(406)452-9029

### School Pantry Program - Referral Form

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

The School Pantry Program is only for children who you feel are chronically hungry. The program provides emergency food assistance to children and families who may not have access to food on a regular basis. To refer a child to the School Pantry Program, please check one or more of the following behaviors that the child displays on a regular basis. At least one item on this list MUST be checked to refer the child to the School Pantry Program.

- Rushing food lines
- Extreme hunger on Monday morning
- Quickly eating all of the food served and asking for more
- Asking when the next meal/snack will be served
- Regularly asking their teacher for food
- Saving/hoarding/stealing food to take home for themselves and/or a sibling
- Lingered around for or asking for seconds
- Comments about not having enough food at home
- Asking classmates for food they don't want
- Other information regarding the child's home situation that requires the need for food. *Please be as thorough as possible in your explanation:* \_\_\_\_\_

Does this child have any siblings under the age of 13? YES or NO

\_\_\_\_\_  
*Name/Title of person referring the student*

\_\_\_\_\_  
*Date*

For the Site Coordinator:

Check to confirm child's approval and then initial here: \_\_\_\_\_

Additional notes:



## Great Falls Community Food Bank

*Gathering together to nourish our community*

1620 12<sup>th</sup> Ave N

Great Falls MT 59401

Dear Parents:

The Great Falls Community Food Bank is offering a new program for the children at \_\_\_\_\_ School and your child has been invited to participate. This program is called the School Pantry Program and is a partnership between the \_\_\_\_\_ School and the Great Falls Community Food Bank.

Listed below is some information on the new program:

- The School Pantry Program will provide non-perishable food to your child to assist him or her when food is not consistently available at home.
- Children will be provided with nutritional foods that they can eat at home during weekends and out-of school times. This support is also available for student's siblings regardless of their enrollment status in school.
- The program is scheduled to begin September and will continue throughout the 2011-2012 school year.
- There is no cost for this program.
- Distribution will be done in a discreet manner.
- **Please be advised that these bags contain some foods that contain peanuts, nuts, soy, wheat, eggs and milk.** All food is labeled and sealed by the manufacturer. If you do not want your child to receive a weekly bag of food, please contact:

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Please help us make informed decisions in our fight against hunger by filling out the questionnaires that will be sent to you at the end of the school year. Your opinion on the program will impact its structure and continuation.

Thank you very much,

[Site Coordinator]



# MONTHLY ACTIVITY REPORT

Due the 10<sup>th</sup> of each month

SCHOOL NAME: \_\_\_\_\_

MONTH FOR WHICH YOU ARE REPORTING (CIRCLE ONE):

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

CONTACT PERSON & PHONE NO. \_\_\_\_\_

**Food Box  
Program**

*Please complete all sections with either the appropriate number, N/A or 0.  
Thank you.*

	←	CHILDREN UNDER 18
	←	ADULTS 18-55
	←	SENIORS OVER 55
	←	# OF HOUSEHOLDS SERVED
	←	# OF UNDUPLICATED HOUSEHOLDS THIS MONTH
	←	# OF HOUSEHOLDS WITH CHILDREN
	←	# OF UNDUPLICATED HOUSEHOLDS WITH CHILDREN THIS MONTH
	←	# OF EMPLOYED HOUSEHOLDS
	←	# OF 1 <sup>ST</sup> TIME CLIENTS THIS MONTH <i>JANUARY CLIENTS ARE ALWAYS 1<sup>ST</sup> TIME CLIENTS</i>
	←	# OF 1 <sup>ST</sup> TIME HOUSEHOLDS THIS MONTH <i>JANUARY HOUSEHOLDS ARE ALWAYS 1<sup>ST</sup> TIME HOUSEHOLDS</i>
	←	# OF FOOD BOXES DISTRIBUTED

TOTAL LBS IN →

TOTAL LBS OUT →

**Monthly Activity Reports are due to the Great Falls Community Food Bank by the 10<sup>th</sup> of every month. Please mail, deliver or fax to:**

1620 12<sup>th</sup> Avenue North, Great Falls MT 59401 Fax (406)452-9225 Phone (406)452-9029

## HOW TO COMPLETE A MONTHLY ACTIVITY REPORT

- Monthly Activity Reports (MAR) are due by the 10<sup>th</sup> of each month for the previous month's reporting period. Example: January 2009 reports are due on February 10, 2009.
- MAR's must be mailed, delivered or faxed to the Great Falls Community Food Bank.
- Please complete all sections. If you are reporting zero, write "0" in the correct field. If the question does not apply to your program, write "n/a".
- If you leave a field blank, we will consider your report incomplete.

### Terms:

- **Food Box Program** = All sites that distribute emergency food as a whole product including, but not limited to, food banks, food pantries, and emergency shelters.

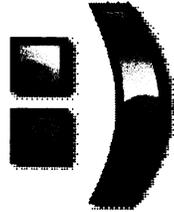
### Reporting Definitions:

1. **Client** = Individual served. Example: A family of 4=4 clients. Please tally the number of times an individual visits your agency. For instance, if one person visits four times, this counts as 4 visits, not just 1.
2. **Household** = A social unit living together. This term is not restricted to relatives; it refers to a group of people living in the same house. Example: A family of 4=1 household. Group living facilities are slightly different. Each individual represents 1 household unless they are in the same facility with a relative with whom they would normally reside outside of the facility.
3. **Unduplicated Households this month** = **Example:** Your facility provides services two days a month. Clients are able to receive services both days. If a household comes in both days, this is how you should report for them: 2 households served and 1 unduplicated household for the reporting month.
4. **Households with children** = Any household that includes children. Example: Family of 4 (2 adults and 2 kids)=1 household with children.
5. **Unduplicated Households with Children this month** = **Example:** Your facility provides services two days a month. Clients are able to receive both days. If a household with children comes in both days, this is how you should report for them: 2 households with children served and 1 unduplicated household with children for the reporting month.
6. **Employed Households** = Example: 2 people employed in family of 4=1 employed household.
7. **First Time Clients** = Any clients that are new to your agency/program for the reporting year. For example, if a client comes in for the first time in August, he/she will count as 1 first time client for that month.
8. **First Time Households** = Any households that are new to your agency/program for the reporting year. For example, if a family of 4 comes in for the first time in August, they will count as 1 first time household for that reporting month.
9. **# of Food Boxes Distributed** = The number of times families or individuals left the facility with food. NOT individual bags or boxes of food like mac n cheese, etc.
10. **Total Lbs In** = Calculation of all donated, purchased and commodity foods received by your program during the reporting month.
11. **Total Lbs Out** = Calculation of pounds of food distributed by your program during the reporting month. For Meal programs, multiply the total number of meals served by 1.28 lbs. For Food Box Programs, multiply the total number of food boxes distributed by 50 lbs.

### Submission:

Please submit your reports to the Great Falls Community Food Bank via fax (406-452-9029), mail (1620 12<sup>th</sup> Avenue North, Great Falls MT 59401) or hand deliver by the 10<sup>th</sup> of the month. If you have more than 3 months of delinquent reporting, you will be subject to a suspension of ordering privileges.

# Student Sign In



Name: \_\_\_\_\_

Date: \_\_\_\_\_

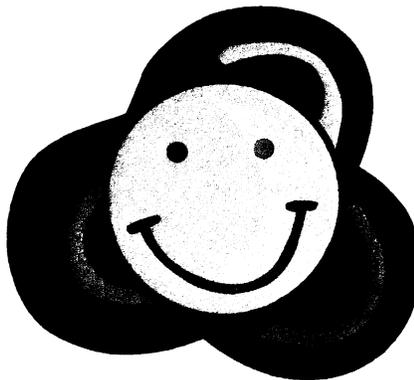
You Must Answer the Following Question Before Receiving Food:

Do you or any member of your family have any allergies to food?

No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes – Please specify \_\_\_\_\_

FOOD PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_



# Student Volunteer Record for Food Pantry at North Middle School

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Activity Performed:

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Signature of Volunteer Supervisor Approval: \_\_\_\_\_

## Confidentiality Agreement for Volunteers and Student Volunteers

I will treat all information received by or disclosed to me as a student or volunteer for the North Middle School PTSA Food Pantry as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information.

I will not disclose identifying information (e.g. name, date of birth, etc.).

I will abide by all North Middle School Food Pantry and procedures in using Food Pantry information. I agree to use all confidential information only as permitted by such policies and procedures. I will not misuse or attempt to alter confidential information in any way.

I understand that PTSA at North Middle School and its teachers and staff reserve the right to audit, investigate, monitor, access, review, and report on my use of any confidential information obtained by me related to being a student or volunteer, with or without advance notice to me and with or without my knowledge.

I understand that violation of Food Pantry policy may subject me to immediate termination of access to working for North Middle School's Food Pantry.

My signature below acknowledges that I have read and understand this agreement and realize it is a condition of my access to the facilities and association with North Middle School PTSA Food Pantry.

Check one: I am  Student  Volunteer

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_

# Volunteer Application

## Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City ST ZIP Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

## Availability

During which days and hours are you available for volunteer assignments?

Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_

PLEASE LIST ANY OTHER TIMES YOU ARE AVAILABLE:  
\_\_\_\_\_  
\_\_\_\_\_

## Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Food Bank Shopping
- Food Bank Stocking
- Fundraising
- Deliveries
- Phone Tree
- Volunteer Coordinator
- Prepare Food

## Special Skills or Qualifications

Summarize special skills for the Food Pantry.

## Additional Comments, Ideas, Suggestions

### Person to Notify in Case of Emergency

Name

Street Address

City ST ZIP Code

Home Phone

Work Phone

E-Mail Address

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in are true and complete. I have read the protocol for food handling and distribution of food to students.

Name (printed)

Signature

Date

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering for the Food Pantry at North Middle School.

### Volunteer Hours

We need to keep a record of volunteer hours. Please list all hours worked.

**Date:** \_\_\_\_\_ **Activity:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Activity:** \_\_\_\_\_ **Hours:** \_\_\_\_\_